



Practice Guideline: Case planning

This guideline provides information for staff about case planning including case plan goals, objectives and tasks.

What is case planning?

Case planning is the process of identifying objectives and tasks to meet a child's care and protection needs and to promote their overall wellbeing. Case planning is informed by the views of the child, their parent/s, extended family, carer/s and relevant others as well as any assessments that are conducted on the child and their (see below). Case planning results in the development of a case plan.

A case plan records the goal and objectives, what tasks or actions will be taken, by who and when, to meet the child's safety and care needs and to promote their wellbeing. It is the primary day to day case management tool used by staff. The case plan includes eight (8) domains to support holistic and comprehensive case planning (see separate Practice Guideline: [Case planning - domains](#)).

Case conferences

A case conference is a formal meeting that is convened by a child's case worker to develop, or review a case plan. Significant people should be given the opportunity to participate in a case conference, however decisions about who to invite is based on whether the person's attendance is in the child's best interest and their capacity to contribute to the development/review of the case plan (see separate Practice Guideline: [Case conferences](#)).

Significant people to participate in a case conference include:

- the child or young person (where age and developmentally appropriate)
- parent/s, siblings, extended family and carer/s
- health professionals, specialists and current service providers
- members of the Declared Care team (see separate Practice Guideline: [Declared care teams](#))
- the child or young person's teacher or school counsellor
- community elders, other community members or representatives.

Case plan goal

A case plan has one (1) goal that describes what the plan aims to achieve for a child or family. This is the higher level outcome that is being worked towards. Staff are to relate all objectives and tasks in the case plan to how the goal will be achieved. Case plan goals include:

1. the child's safety and wellbeing is provided for by their parent/s (family preservation/restoration) or
2. the child's safety and wellbeing is provided for by another caregiver (out of home care) or
3. young person/adult makes a successful transition to adulthood and independence or
4. to undertake assessments to identify what the child's needs are and the living arrangement that is in their best interests.

Note: the latter goal is used where a care plan is required prior to the development of a case plan (eg. when emergency action is taken following a Care and Protection Appraisal and ongoing case management has not commenced).

Case plan objectives

To achieve the goal, one or more objectives must be achieved. Staff are to ensure that the objectives focus on what change is required in the child, parent/s or caregiver/s, family and/or environment to address the child's needs and manage any risks identified in assessments. The objectives focus on the positive behaviour or conditions that will result from change and address identified risks and needs (not focus on what must not be done or unsafe/undesirable behaviours) (see separate Practice Tool: [S.M.A.R.T.E.R. objectives and tasks](#)). Staff should consider:

- child focussed objectives that seek to address improvement in emotional and/or behavioural development, physical and/or psychological health, peer and/or social relationships, education, identity development and self care skills (eg. <child's name> will be able to manage their emotions when they are angry or upset; <child's name> will attain their 3 year old developmental milestones; <child's name> will be able to dress themselves for school)
- parent or caregiver focussed objectives that seek to achieve improvements in parenting ability and capacity such as managing the adverse impact of mental health issues, developing effective problem solving skills, learning strategies to regulate emotions, managing the adverse impact on the child from substance use, increasing skills and knowledge on child's needs and development (eg. <parent's name> will learn and implement strategies to promote positive behaviours with each child; <parent's name> will learn how to control their behaviour when they are angry; <parent's name> will take their medication each day and meet with the mental health counsellor each month)
- family focussed objectives that seek to improve the roles and boundaries within and between the family members, routines, communication patterns and social support (eg. <parent's name> and <parent's name> will develop and implement a system for managing the household budget; <parent's name> will ensure the child is dressed, fed and at school on time; Each child will have daily chores and be rewarded for completing their chores; <parent's name> and <parent's name> will learn to communicate more effectively and not argue in front of the children)
- environment focussed objectives that seek to improve the impact of social isolation, inadequate housing, neighbourhood safety, access to transport (eg. <parent's name> will apply for a housing transfer through Housing ACT; <parent's name> will take <child's name> to a play group in the local community; <parent's name> will participate in a program in the local community).

Case plan tasks

Case plan tasks are the individual, stepped-out, sequential actions that, when achieved, will achieve the objective. Staff should ensure that a person or agency is assigned responsibility for each task and that a time frame for achieving each task is identified.

Where a large number of tasks are necessary to achieve a single objective, staff should consider breaking the objective down into more than one objective or only include in the current case plan those tasks that are being worked towards in the next one or two review periods. This approach allows the case plan to retain flexibility in the pathway to achieve the objective, enhance the perception that the case plan tasks are achievable within the implementation period and maintain the momentum of the change process.

Practice example: the level of detail needed in case planning will depend on the capacity and ability of the person the objective is focussed on.

Objective: <parent's name> will ensure the child is dressed, fed and at school on time

For some parent's, the tasks may be:

Night

1. put clean school clothes on the child's bed before they go to sleep
2. make school lunch and place in child's lunch box in the fridge

Morning

1. wake up at 7.30 am
2. <child's name> is to put school clothes on before they come out of the bedroom whilst <parent's name> put's breakfast on the table and puts lunch in the school bag
3. <child's name> has breakfast before the television is turned on

At 8.30 am

1. <child's name> brushes teeth and hair and washes face
2. 8.40 am <parent's name> and <child's name> leave house to walk to school

For other parent's the objective and tasks may need to be broken down further. For example an objective may need to focus on having food in the house to make school lunches, obtaining the appropriate school clothing, organising transport for school or to transfer to a more accessible school. The case plan is tailored to the child and family it seeks to assist.

Case planning – identifying supports

Staff need to consider the types of support that may be identified in a case plan. 'Support' is commonly referred to in case planning however it is important that the type of support being referred to is identified to promote shared understanding between members of the Declared Care team (see separate Practice Guideline: [Case planning – types of support](#)).

Assessments

Staff need to identify all relevant assessments on the child, their parent/s and/or their family that inform the direction and content of the case plan. The assessments may have been undertaken by staff (eg. a protective risk assessment or a Care and Protection Assessment), by or via the Integrated Assessment and Therapy Services team (see separate Practice Guideline: [Integrated Assessments and Therapy Services Team](#)) or other professionals (eg. the Child at Risk Health Unit, a school psychologist/teacher, a mental health professional). Case planning may also identify that an assessment needs to be undertaken and would provide the process for this to be done.

Key considerations

Staff should ensure that case plans:

- are strengths based, child centred and family focused
- reflect meaningful and age appropriate participation of the child, their parent/s, family members and carer/s in the development and implementation of the case plan
- are culturally competent and actively promote participation of Aboriginal and Torres Strait Islander children and families and involve Aboriginal staff, service providers and communities as appropriate
- support the different needs of culturally and linguistically diverse (CALD) children and families and involve CALD staff, communities and service providers as appropriate
- be developed in partnership with relevant agencies and service providers
- have objectives that are measurable, achievable, realistic and time framed, with responsibility allocated for implementation, monitoring and follow up necessary to achieve the stated objectives and tasks
- are reviewed as appropriate to the circumstances and stability of the child to ensure the case plan continues to meet the changing needs of the child and achieve the goal.